

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2032

Registrar's No. 8

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5945		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Dillon		c. LENGTH OF STAY (In this place) 1 Yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Star Rt. St. James, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or Print)		a. (First) Willard		b. (Middle) Foster		c. (Last) Field	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 30, 1904		9. AGE (In years last birthday) 45		10. IF UNDER 1 YEAR Months Days Hours Min. 7-1--		11. BIRTHPLACE (State or foreign country) Wacker, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME John Field		13b. MOTHER'S MAIDEN NAME Louise Foster		14. NAME OF HUSBAND OR WIFE Edith Field			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 48604-8142		17. INFORMANT'S SIGNATURE OR NAME Rev. Fred Barber, St. James, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Gunshot Wound in Head ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suicide DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Instant	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near St. James, Phelps Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-1-1950 5A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted Gunshot Wound			
I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE B. B. Muel				23b. ADDRESS Phelps Mo		23c. DATE SIGNED 2/1/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Missouri.	
DATE REC'D BY LOCAL REG. Feb-9-1950		REGISTRAR'S SIGNATURE Cara E. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE O.E. Lickliger, St. James, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

FEB 24 1950

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed Feb. 10, 1950

FEB 17 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address St. James, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.